RECEIVED 2011 JAN 31 AM 9: 19 FEC MAIL CENTER

FEC FORM 2 STATEMENT OF CANDIDACY

(b) Address (number and street) (c) City, State, and ZIP Code. (b) Address (number and street) (c) City, State, and ZIP Code. (d) Name of Committee (in full) (e) City, State, and ZIP Code.	(a) Name of Candidate (in full)	, j		
(c) City, State, and ZIP Code Designation of Principal Campaign Committee (in full) Solution of Committee (in full) Designation of Principal Campaign Committee (in full) Jim Cerlach for Committee (in full) Designation of Committee (in full) (i) Address (number and street) (ii) City, State, and ZIP Code Lerity that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date	<u> </u>	irlach		
Statement Springs 1979 1979 Statement Springs 1979 Statement Springs 1979 Afficial or Canadians Statement Springs 1979 Afficial Complete Sough 1979 Afficial Comp	649 Deep		H2 PAC	6114
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE Thereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election); year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) I'm Gerlach for Congress Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full). (b) Address (number and street) Cortify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Pate P	Chester J		19425 Statement (N)	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 (year of election(s)). NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) I m Cerlach fr Congras Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraleing Representatives) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraleing Representatives) NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full). (b) Address (number and street) Colity, State, and ZIP Code. I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date Date 1 23 11 OTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to peratities of 2 U.S.C. §437g.		1 1/ ~	6. State & District of Candidate PA 6+h Di	strict.
NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) I In Cerl ach fr Congress (number and street) Po Bo + 87 (c) City, State, and ZIP Code Uwchland PA 19480 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 1 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Gratture of Sandidate Date Date 123 115 TTE: Submission of false, erroneous, or incomplète information niety subject the person signing this Statement to peralties of 2 U.S.C. \$437g.	DE	SIGNATION OF PRINCIPA		
NOTE: This designation should be flied with the appropriate office listed in the instructions. (a) Name of Committee (in full) SIM CEFIACH FOR CONGRESS (number and street) PO BOX 87 (c) City, State, and ZIP Code UWCHIAND PA 19480 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraleing Representatives) 1 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full). (b) Address (number and street) (c) City, State, and ZIP Code. I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. The greature of Candidate Date Date Date Date 1 2 3 1 1 THE: Submission of fates, erroneous, or Incomplete Information niey subject the person signing this Statement to penalties of 2 U.S.C. §437g.	I hereby designate the following na	med political committee as my Principa		(0)
(a) Name of Committee (in full) Sim Gerlach for Congress (number and street) Po Bo + 87 (c) City, State, and ZIP Code Wwchland PA 19480 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) Thereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full). (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. The submission of false, erroneous, or incomplete information may subject the person signing this Statement to peratties of 2 U.S.C. §437g.	NOTE: This designation should be	filed with the appropriate office listed in	•	#C00372
(c) City, State, and ZIP Code Uwchland PA 19480 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code. Leartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date D	Jim Gerl	ach fir Co	ingress Commi	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be flied with the principal campaign committee. (a) Name of Committee (in full). (b) Address (number and street) (c) City, State, and ZIP Code certify that have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. pasture of Candidate Date	POBOX	87		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Brature of Candidate** **Date** Date** Date** The Submission of false, erroneous, or Incomplète information niay subject the person signing this Statement to peralties of 2 U.S.C. §437g.	(c) City, State, and ZIP Code		,	
(Including Joint Fundralsing Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. The submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	Uwchlan	d PA	19480	
(c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Grature of Candidate Date Date DITE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to peralties of 2 U.S.C. §437g.	,	ned committee, which is NOT my princ	ipal campaign committee, to receive and expe	nd funds on behalf of my
(c) City, State, and ZIP Code Contity that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date	. •	filed with the principal campaign comin	ittee.	
(c) City, State, and ZIP Code Contity that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date	NOTE: This designation should be	filed with the principal campaign comin	ittee. · ·	
Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date	NOTE: This designation should be	filed with the principal campaign comin	ittee.	· ·
Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date	NOTE: This designation should be (a) Name of Committee (in full)	filed with the principal campaign comin	ittee.	
Date	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)		ittee.	
Date	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)		ittee.	
OTE: Submission of false, erroneous, or Incompliste Information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	3		nd complete.
	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	3	of my knowledge and belief it is true, correct a	nd complete.
	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	3	of my knowledge and belief it is true, correct a	and complete.
	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	amined this Statement and to the best	of my knowledge and belief it is true, correct a	3 11
	NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	amined this Statement and to the best	of my knowledge and belief it is true, correct a	3 11

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Conf	irmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
SD	1/31/11
PREPARER (3/2005)	DATE PREPARED
()	